State of South Dakota

* 0 0 0 0 0 1 1 1 9 *

Candidate's or Committee's Report of Receipts and Expenditunes

Complete Mailing Address 1323 S. Minnesota Ave.; Sioux Falls, SD 57105-0624 Name of Person Making Report Teresa Schumacher Daytime Phone Number (605) 336-19 If you are a candidate, what office are you seeking? N/A If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. N/A Type of Report (See pages 4 & 5 of Guideline Book) Pre-General Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/24/O4 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filted this Aday of Chical Chairs and the complete of Committee Treasurer or Chairperson	Candidates and candidate committees: File in the office whe PACs, political party, ballot question and other committees:	re you filed your nominating petition. File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070	RECEIVED OCT 28 2004 S.D. SEC. DF STATE POSTMARHER 10-26-04
Complete Mailing Address 1323 S. Minnesota Ave.; Sioux Falls, SD 57105-0624 Name of Person Making Report Teresa Schumacher Daytime Phone Number (605) 336-19 If you are a candidate, what office are you seeking? N/A If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. N/A Type of Report (See pages 4 & 5 of Guideline Book) Pre-General Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/24/O4 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filted this Aday of Chical Chairs and the complete of Committee Treasurer or Chairperson	See pages 9 & 10 of the Guideline Book for sp	pecific instructions on completing this report.	postmarked FSTATE
Name of Person Making ReportTeresa Schumacher	Name of Candidate or Committee SD Medic	cal Group Management Associatio	n PAC
If you are a candidate, what office are you seeking? N/A If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. N/A Type of Report (See pages 4 & 5 of Guideline Book) Pre-General Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Filed this And Agy of Chiral Making Agy of Chiral Agy of Chiral Making Agy of Chiral Making Agy of Chiral A	Complete Mailing Address 1323 S. Minn	nesota Ave.; Sioux Falls, SD 57	105-0624
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. N/A Type of Report (See pages 4 & 5 of Guideline Book) Pre-General Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this A day of Chir Mellarn	Name of Person Making ReportTeresa S	Schumacher Daytime Phone Number	(605) 336-1965
reporting period and whether the measure was supported or opposed. N/A Type of Report (See pages 4 & 5 of Guideline Book) Pre-General Report. For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this Aday of Chris Melarn.	If you are a candidate, what office are you see	eking? <u>N/A</u>	
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filted this Agy of Chin Makann	reporting period and whether the measure was		ed with during the
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10/23/04 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Candidate Signature of Committee Treasurer or Chairperson Revised July 2001 Filted this Agy of Chin Makann	Type of Report (See pages 4 & 5 of Guideline	e Book) Pre-General Report	
VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/24/04 Candidate Signature or Signature or Chairperson Revised July 2001 Filed this Aday of Chi. Makan	For Reporting Period Ending (See pages 4 &	5 of Guideline Book) 10/23/04	
VERIFICATION OF PERSON MAKING REPORT I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/24/04 Candidate Signature or Signature or Chairperson Revised July 2001 Filed this Aday of Chi. Makan	• • • • • • • • • • • • • • • • • • • •	••••••••••••	•••••
I Ann Roemen (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. Date: 10/26/04 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this Alay of Chi. Melann	The following verification must be complete	ed before submitting report.	
Date: 10/26/04 Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this day of Chi. Melann	VERIFICATION OF PERSON MAKING RI	EPORT	
Candidate Signature or Signature of Committee Treasurer or Chairperson Revised July 2001 Filed this day of Chi. Nelson			t I have examined
Filed this As day of Chi. Nelson	+ H	•	son
Chi Nelson	Revised July 2001	Filed this	Ç
SECRETARY OF STATE	Andrew An	Chi M	elon

Name of Candidate or Committee	SD	Medical	Group	Management	Association	PAC
--------------------------------	----	---------	-------	------------	-------------	-----

For the reporting period ending	10/23/04

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

nized Contributions from	Individuals		
Name	Residence Address	Place of Employment (Name of Employer)	
			3
			s —
			\$
			\$
	(4)		\$
			s
			s
			s
			\$
-27-			s =
			*
			*
			┤ ॄ ──
· · · · · · · · · · · · · · · · · ·			- \$
			- \$
			\$
			\$
	<u> </u>		_
	·	in the company of the	\$
·			_ \$
·			\$
			_ \$
			\$
			\$
			\$
			\$
			\$
			\$
			¬ s
			1 s

or the reporting period ending 10/23/04		
Schedule A – Direct C	Contributions (continued)	
nitemized Contributions from Political Parties:		*\$ <u>0</u>
emized Contributions from Political Parties		
Party Name	Address	
		\$
	· · · · · · · · · · · · · · · · · · ·	
		\$
otal of Itemized Contributions from Political Parties:		*\$ <u>0</u>
		•
emized Contributions from Political Action Committees (P.	AC's) - All contributions from PAC	C's must be itemized.
PAC Name	Address	-1-
		<u> </u>
		\$
		*
		\$
		l ¢
		\$
		\$ \$
		\$ s s s s s s s s s s s s s s s s s s s
		\$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

List on this schedule fund-raising events held to ra	B - Fund-Raising Events Proceeds aise money for the candidate and the net proceeds detion results in their aggregate being more than \$100	rived from each event. If a in the calendar year, those
Type or Name of Event		Net Proceeds
type of Name of Event		Net Froceeds
Total:		0
*		
Report all non-cash contributions of goods or serve contributor, residence address and place of employ	vices and the estimated fair market value. If the value yment must be reported. Name, Residence Address &	e exceeds \$100, the name of t
Nature of Non-Cash Contribution	Place of Employment	Estimated Value
Total:		0
	chedule D - Other Income	g (2)
	arned or other income which is not a direct contribute	tion.
		1
Source of Income		Amount
Bank Account Interest		\$0.36

Name of Candidate or Committee: SD Medical Group Management Association PAC

For the reporting period ending: 10/23/04

Name of Candidate or Committee:	SD	Medical	Group	Management	Association	PAC
---------------------------------	----	---------	-------	------------	-------------	-----

For the reporting period ending: 10/23/04

expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

·	penses	Contributions Made to Candidates and	1
tem	Amount	Name of Candidate or Committee	Amount
Advertising		Lee Schoenbeck	\$100.00
Consulting		Deb Peters	\$100.00
ostage		Jason Gant	\$100.00
rinting		Duane Sutton	\$100.00
lent		Al Koistinen	\$100.00
alaries		Sean O'Brien	\$100.00
elephone		Keri Weems	\$100.00
'ravel		Joni Cutler	\$100.00
Jtilities		David Knudson	\$100.00
ist other expense	List other expense	Lou Sebert	\$100.00
tems below	amounts below	Bob Gray	\$100.00
		Tim Rave	\$100.00
		Eric Bogue	\$100.00
		Gordon Pederson	\$100.00
40		Charles Turbiville	\$100.00
		Donald Van Etten	\$100.00
		J. P. Duniphan	\$100.00
		Jeff Haverly	\$100.00
100		Ed Nelson	\$100.00
		Kathy Miles	\$150.00
		······································	
		· · · · · · · · · · · · · · · · · · ·	
		* .	
		· · · · · · · · · · · · · · · · · · ·	
	-		

Appendix	E
P	_

Name of Candidate or Committee:	SD	Medical	Group	Management	Association	PAC
For the reporting period ending:	10/2	23/04				

Schedule F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to:	Purpose:	Amount
*		
A Comment of the Comm		
	- 	
		
		
		
		
<u> </u>		
		
		
		
Total Obligations		L

\$150.36

\$ 2,050.00

\$<u>0</u>

\$0

\$ 0

*				Appendi
< Na	me of Candidate or Committee: SD	Medical Group Management	. Associati	on PAC
Fo	r the reporting period ending: 10/23	3/04		
	is summary sheet will give a brief outline of all on the schedules previously completed.	Summary Page campaign finance activity during this report	ing period. Please to	ransfer all totals
1.	Amount on hand, if any, at the beginning	ng of the reporting period:	\$ <u>1</u>	,911.93
2.	Receipts			
	Schedule A - Direct Contributions	\$ <u>150.00</u>	÷	-3

\$ 0

\$ 0

\$ 0.36

\$ 150.36

Schedule B - Fund-Raising Events

Schedule C - In Kind Contributions

Schedule D - Other Income

3. Total Monetary Receipts (A+B+D)

4. Candidate's Personal Contribution to Own Campaign

Monetary Loans Repaid During Reporting Period

9. Amount on hand at the close of this reporting period. *

This should equal lines (1+3+4+5) - (6+7)

5. Monetary Loans to Candidate or Committee During Reporting Period

Total of all Receipts

7. Expenditures - Schedule E

8. Unpaid Obligations - Schedule F

						•
			·		*	
					9	
						3
,						
						(Ar
÷		₩.				
4		u u	er and e	: • • • • • • • • • • • • • • • • • • •		
	÷					
			**			
	•	÷				
						4
		*	141	4	man to make	
				A- 4		
	•					
						i.
	2.					
	•					
÷			44	4		